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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	5041.001
	First Named Inventor	Alberto DiBella
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Art Unit	
	Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VORAXIAL FILTRATION SYSTEM WITH SELF-CLEANING  
AUXILIARY FILTRATION APPARATUS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

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OR ☐

Correspondence address below

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PATENT TRADEMARK OFFICE

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Address

City

State

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Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Alberto

Family Name

or Surname

DiBella

Inventor's  
Signature

Alberto DiBella

Date

11-13-03

Residence: City

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State

FL

Country

USA

Citizenship

Mailing Address

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City

Ft. Lauderdale

State

FL

ZIP

33308

Country

US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Michael

Family Name

or Surname

Anthony

Inventor's  
Signature

Michael

Date

11-13-03

Residence: City

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State

FL

Country

USA

Citizenship

US

Mailing Address

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City

Coral Springs

State

FL

ZIP

33065

Country

US

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.SIGN  
DATE

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Alberto DiBella

Title

Voraxial filtration

Group Art Unit

Examiner Name

Attorney Docket Number

5041.001

I hereby appoint:

☒ Practitioners at Customer Number

27324

OR

☐ Practitioner(s) named below:

Name	Registration Number

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Number Bar Code  
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country

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Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

ALBERTO DIBELLA

Signature

Alberto D. DiBella

Date

11-13-03

**PLEASE SIGN  
& DATE**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Alberto DiBella
Title	Voraxial filtration
Group Art Unit	
Examiner Name	
Attorney Docket Number	5041.001

I hereby appoint:

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I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name	MICHAEL M. ANTHONY	<b>PLEASE SIGN &amp; DATE</b>
Signature		
Date	11-13-03	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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